

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

EMBALMER'S NAME William K. Wilson
 FUNERAL DIRECTOR'S SIGNATURE [Signature]
 LICENSE No. 2012
 FUNERAL HOME No. 306

Local No. 786920
2270-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

4430
257

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

STATE COUNTY HEALTH COMMISSIONER

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1		EPHRIAM	L.	VIGIL	Male	November 16, 1984
RACE—(a) White (b) Black (c) American Indian (d) Other (Specify)	AGE—Last Birthday (Yr)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo Day Yr)	COUNTY OF DEATH
4 White	5a 93	5b	DAYS	HOURS	8 3-6-1891	7a Lake
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—(Name if none in other part specify and number)		IF HOSP OR INST indicate DOA DP (time, room, treatment) (Specify)	
7b Merrillville			7c Methodist Hospital Southlake Campus		7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (Name, age, maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 New Mexico	, U.S.A.		10 Widowed	11 None		12 Yes
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life when it occupied)		KIND OF BUSINESS OR INDUSTRY	
13 317-09-4491			14a Foreman Yards & Docks		14b U.S. Steel Corp.	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		
15a IN	15b Lake	15c Hobart		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER				INSIDE 80 FEET LIMITS (Specify title or no.)		STATE OF INDIANA DEPARTMENT OF HEALTH
15d 3807 Barnes Street				15e Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		RECORD 10 14 1984
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CURAN, PUERTO RICAN, ETC.						
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME			MOTHER—MAIDEN NAME		STATE OF INDIANA DEPARTMENT OF HEALTH	
16 Leocadio Vigil, (dec.)			17 Refugia Chavez, (dec.)		RECORD 10 14 1984	
INFORMANT—NAME (Type or Print)		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN	
18 Barbara Chnupa, Daughter		18b 7441 Broadway, Merrillville, Indiana 46410	18c Merrillville, Indiana		18d 46410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION	
19a Burial			19b Calumet Park Cemetery		19c Merrillville, Indiana	
DATE (MONTH DAY YEAR)			FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO. CITY OR TOWN STATE, ZIP)	
20a November 19, 1984			20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		46342-4198	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo Day Yr)	HOUR OF DEATH	
21a [Signature] Pasquale J. Amico, M.D.				21b 11-20-84	21c 7:20 a. M	
NAME OF ATTENDING PHYSICIAN (Type or Print)						
21d Pasquale J. Amico, M.D.						
MAILING ADDRESS—PHYSICIAN						
21e 6111 Harrison, Merrillville, Indiana 46410						
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a [Signature]					22b 11-20-84	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c))						
PART I (a) Renal Failure					Interval between onset and death	
(b) Arteriosclerosis					Interval between onset and death	
(c)					Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a)						
24 No						

4.00